

State of South Carolina

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Workers' Compensation Commission

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Medical Bill Review – Provider's Petition for / Dispute of Payment

State of South Carolina law (42-9-360(d)) provides that "Payment to an authorized health care provider for services shall be made in a timely manner but no later than thirty days from the date the authorized health care provider tenders request for payment to the employer's representative, unless the commission has received a request to review the medical bill."

If a Medical Provider wishes to petition the South Carolina Workers' Compensation Commission (SCWCC) to intervene in a medical billing payment dispute issue, the following Medical Bill Dispute Form (dispute form) must be completed and submitted via email to the SCWCC Insurance and Medical Services Division. A dispute form that is found to be incomplete or without the correct supporting documentation will not be considered.

[Medical Bill Dispute Form](#)